

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Planace

GREENFIELD	
Some 10/25/26b OCT 26 AH 10: 16	
year-end report   dissolution	
Bullock Precinct 5	
Spence	

(Candidate's signature)

Fill in Reporting Period dutes: Beginning Dute: 8/1	2021 Ending Date: 10/25/2000CT 26 AH 10: 6
Type of Report: (Check one)	C
8th day preceding preliminary R 8th day preceding election	30 day after election year-end report   dissolution
Mariann E. Bullock	Marianne Bullock Precinct 5
City Councy (if applicable)	Maylea Spence
179 How Set Carrey Leld	Name of Committee Treasurer
Residential Address	179 Hope St. Greenfield MA
Phone # (optional):	Phone # (optional):
	(4)
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	uge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: N/A -> WM	act EIN this quarter
	diversity
certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind inance activity of all persons acting under the authority or on schalf of this committee in Signed under the penalties of perjury:	commounces and liabilities for this reporting period and represents the compaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10(2572)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be Candidate with Committee 1 certify that 1 have examined this report including strached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity and listilities nor made any expenditures on my behalf during this reporting	so best of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee  Candidate without Committee  I certify that I have examined this report including attached schodules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	se best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55,
Signed under the penalties of perjury: WMMUUU	(Candidate's signature) Date: 10/2//21

#### SCHEDULE A: RECEIPTS

MATE. c. 35 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the accupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required in report all receipts. Please include your consmittee name and a page number on each page.)

Date Received	Name and Residential Address (siphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		2/4	
ine 9: Total Rece	ipts over \$50 (or listed above)	0	
	eipts \$50 and under* (not listed above		
	RECEIPTS IN THE PERIOD	0	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
				#
				-
				#
		111		1
				ı, F
		111		
ine 9: Total Recei	pts over \$50 (or listed above)			
ine 10: Total Rece	ipts \$50 and under* (not listed above	e) 0		
		0		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

SCIPABLE, 13: FACERIFFI URES

MG1.c. 33 requires committees to list, in alphabetical order, all expenditures over \$30 in a reporting period. Committees must keep
idented accounts and records of all expenditures, but need only itemize those over \$30. Expenditures \$30 and under may be takked together,
from committee records, and reported on line 13.

(A "Schedule B; Expenditures" structurest is available to complete, print and attack to this report, if additional pages are required to
report all expenditures. Plane include your committee name and a user number on each name.

Date Pald	To Whom Pald (alphabetical listing)	Address	Purpose of Expenditure Amon	nt .
Fire a				
		Line 12: Total Exp	enditures over \$50 (or listed above)	0
		Line 13: Total Expe	anditures \$50 and under* (not listed above)	0
			(	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Pald	To Whom Puld (alphabetical listing)	Address	Purpose of Expenditure A	mount
		<u> </u>		
		Line 12: Expenditure	s over \$50 (or listed above)	0
		Line 13: Expenditures	\$50 and under* (not listed above)	0
	Enter on page 1, line 4	→ Line 14: TOTAL EX	PENDITURES IN THE PERIOD	O

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please iterines contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution Value	
		When the state of	The same of the sa	
				1
				=
				\\
				<u> </u>
			ntributions over \$50 (or listed above)	0
		Line 16: In-Kind Cor	ntributions \$50 & under (not listed above)	0
	Enter on page 1, line 6	Line 17: TUTAL IN	-KIND CONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

At G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still autstanding, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount	
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		Tine 18, TOTAL	OUTSTANDING LIABIL		